

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE								
							APPLICANT(S)									
							CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP		IND	DEP		IND	DEP
	IND	DEP	IND	DEP	IND	DEP										
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7	1						57									
8							58									
9							59									
10							60									
11							61									
12							62									
13							63									
14	1						64									
15		1					65									
16		1					66									
17							67									
18							68									
19							69									
20							70									
21							71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3						TOTAL IND.									
TOTAL DEP.	15						TOTAL DEP.									
TOTAL CLAIMS	18						TOTAL CLAIMS									